

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5919 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05927			
Item 3, Film G183, 7/11/55 a CERTIFICATE OF DEATH			
Reg. Dist. No. 265			
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Maryland	COUNTY Somerset
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
X TOWN Crisfield	5 hours	TOWN Crisfield	39
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
79 McCready Hospital			
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(Type or Print)	(First) (Middle) (Last)	(Month) (Day) (Year)	
INFANT James	LEE Blue, Jr.	June 14	19 55
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
male	colored	single	June 14, 1955
9. AGE last birthday:		10. BIRTHPLACE (State or foreign country):	
yrs. Months Days Hours Min.		Crisfield, Md.	
11. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):		12. CITIZEN OF WHAT COUNTRY?	
None		USA	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
James Blue		Margaret Lee	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:	
no		none	
17. INFORMANT & ADDRESS:		18. MEDICAL CERTIFICATION	
Margaret Lee-Tyler St.-Crisfield, Md.			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death	
776X Immediate cause (a) 6 min. tetanus		5 hr.	
Antecedent causes (s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO			
11. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION:		20. AUTOPSY ?	
19b. MAJOR FINDINGS OF OPERATION		Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify)		22. I hereby certify that I attended the deceased from 6/14, 1955, to 6/14, 1955, that I last saw the deceased alive on 6/14, 1955, and that death occurred at 6 A.M. from the causes and on the date stated above.	
SUICIDE		SIGNATURE	
HOMICIDE		DATE SIGNED	
PLACE (Home, farm, factory, street, office bldg., etc.)		ADDRESS	
(CITY OR TOWN)		(COUNTY)	
(STATE)			
TIME (Month) (Day) (Year) (Hour)		HOW DID INJURY OCCUR ?	
OF INJURY		While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify)		24. FUNERAL DIRECTOR	
DATE THEREOF		ADDRESS	
June 17, 1955		Bradshaw & Sons-Crisfield, Md.	
NAME OF CEMETERY OR CREMATORY			
LOCATION (City, town, or county)			
(State)			
DATE REC'D BY LOCAL REGISTRAR			
REGISTRAR'S SIGNATURE			
6/17/55 Betty W. Tupper			
2065161220			

OFFICIAL USE ONLY

RECEIVED  
JUN 23 1955  
BUREAU V. S.

5920

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Crisfield</u>		LENGTH OF STAY (in this place) <u>3 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Crisfield</u>		<u>39</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>McCready Hospital</u>				STREET ADDRESS (If rural give location) <u>S. Somerset Ave.</u>		<u>1</u>	
3. NAME OF DECEASED: (First) <u>GRACE</u>		(Middle) <u>MAE</u>		(Last) <u>BRIDDELL</u>		4. DATE OF DEATH: (Month) <u>June</u> (Day) <u>15</u> (Year) <u>1955</u>	
5. SEX: <u>female</u>	5. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <u>widowed</u>	8. DATE OF BIRTH: <u>January 7, 1888</u>		9. AGE last birthday: <u>67</u> yrs.		If UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: <u>Executive</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Cutlery Mfg.</u>		11. BIRTHPLACE (State or foreign country): <u>Marion Station, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Ge oge Thomas Maddox</u>				14. MOTHER'S MAIDEN NAME: <u>Evelyn Dorsey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY No.: (If Yes, give war or dates of service)		17. INFORMANT & ADDRESS: <u>Chas. D. Briddell, Jr.-Crisfield, Md.</u>			

18. MEDICAL CERTIFICATION				Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
<u>170 X</u> Immediate cause				<u>about 5 mos</u>	
(a) <u>metastasis in Brain + Lung -</u> DUE TO					
(b) <u>carcinoma of Breast</u> DUE TO				<u>about 5 mos</u>	
(c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>carcinoma of Breast</u>					
19a. DATE OF OPERATION: <u>Jan. 1955</u>		19b. MAJOR FINDINGS OF OPERATION: <u>Carcinoma</u>		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 1955, to <u>June 15</u> , 1955, that I last saw the deceased alive on <u>June 15</u> , 1955, and that death occurred at <u>9:00 P.M.</u> , from the causes and on the date stated above.					
SIGNATURE <u>George C. Goughm</u>		(Degree or Title)		ADDRESS <u>Marion Sta. Ind</u> DATE SIGNED <u>6-17-55</u>	
23. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>June 18, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cemetery</u>	
DATE REC'D BY LOCAL REGISTRAR <u>June 17, 1955</u>		REGISTRAR'S SIGNATURE <u>Nellie D. Payne</u>		24. FUNERAL DIRECTOR <u>Bradshaw &amp; Sons--Crisfield, Md.</u>	

BUREAU V. S.

JUN 22 1955

RECEIVED

5921

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Somerset</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Somerset</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>X</b> TOWN <b>Crisfield</b>		LENGTH OF STAY (in this place) <b>1 day</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>X</b> TOWN <b>Marion Station</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>79 McCready Hospital</b>				STREET ADDRESS (If rural give location) <b>/</b>			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First) <b>LEROY</b>		(Middle) <b>ALLEN</b>		(Last) <b>BRIDDELL</b>		OF DEATH: <b>June 30 19 55</b>	
5. SEX: <b>Male</b>	6. COLOR OR RACE: <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>Widowed</b>	8. DATE OF BIRTH: <b>July 3, 1888</b>	9. AGE last birthday <b>66 yrs.</b>	IF UNDER 1 YEAR Months Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith</b>		10B. KIND OF BUSINESS OR INDUSTRY: <b>For Himself</b>		11. BIRTHPLACE (State or foreign country): <b>R.F.D. Marion Station, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME: <b>Jenkins Briddell</b>				14. MOTHER'S MAIDEN NAME: <b>Annie Howard</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>216-09-0042</b>		17. INFORMANT & ADDRESS: <b>Norwood Briddell-Marion Station, Md.</b>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <b>581.0 Anemia - Acute Dil. of Heart</b>						<b>3 days</b>	
ANTECEDENT CAUSE (B) <b>Chronic Hepatitis - Chronic Myocarditis &amp; Nephritis</b>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June 27, 19 55</b> , to <b>June 30, 19 55</b> , that I last saw the deceased alive on <b>June 30, 19 55</b> , and that death occurred at <b>4:50am</b> , from the causes and on the date stated above.							
SIGNATURE <b>Geny C. Coulburn M.D.</b>		M.D.		ADDRESS <b>Marion Sta. Ind</b>		DATE SIGNED <b>July 2, 19 55</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		DATE THEREOF <b>July 2, 1955</b>		NAME OF CEMETERY OR CREMATORY <b>Sunnyridge Cemetery</b>		LOCATION (City, town, or county) (State) <b>Crisfield, Md.</b>	
DATE REC'D BY LOCAL REGISTRAR <b>July 2, 1955</b>		REGISTRAR'S SIGNATURE <b>Nellie D. Payne</b>		24. FUNERAL DIRECTOR <b>Bradshaw &amp; Sons-531 Main St.-Crisfield, Md.</b>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 7 1955

BUREAU V. S.



5922

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <b>Somerset</b>	MARYLAND	STATE <b>Maryland</b>	COUNTY <b>Somerset</b>
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b>	LENGTH OF STAY (in this place) <b>since birth</b>	CITY (If outside corporate limits, write RURAL and give nearest town) <b>Crisfield</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>McCready Hospital</b>	STREET ADDRESS (If rural give location) <b>1</b>		

3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) <b>INFANT</b>	(Middle) <b>BOY</b>	(Last) <b>BROWN</b>	
(Type or Print)		OF DEATH: <b>June 27 19 55</b>	
5. SEX: <b>male</b>	6. COLOR OR RACE: <b>colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>single</b>	8. DATE OF BIRTH: <b>June 27, 1955</b>
9. AGE last birthday		IF UNDER 1 YEAR	
		Months	Days
		Hours	Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY: <b>none</b>	
11. BIRTHPLACE (State or foreign country): <b>Crisfield, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13. FATHER'S NAME: <b>Alonzo Brown</b>	14. MOTHER'S MAIDEN NAME: <b>Eleanor Johnson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <b>no</b>	16. SOCIAL SECURITY NO. <b>_____</b>
(If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: <b>Alonzo Brown—N. 4th St.—Crisfield, Md.</b>

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A) <b>Respiratory Failure</b>		<b>1 hr.</b>
ANTECEDENT CAUSE (B) <b>Prematurity</b>		<b>18 hours</b>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <b>Premature Labor</b>		<b>21 hours</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Labor after hemorrhage from marginal placenta</b>		

19A. DATE OF OPERATION: <b>6/27/55</b>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <b>6/27, 1955</b> , to <b>6/27, 1955</b> , that I last saw the deceased alive on <b>6/25, 1955</b> , and that death occurred at <b>10:30 M.</b> from the causes and on the date stated above.		
SIGNATURE <b>A. N. Barr, M.D.</b>	ADDRESS <b>Crisfield, Md.</b>	DATE SIGNED <b>6/28/55</b>
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>burial</b>	DATE THEREOF <b>June 28, 1955</b>	NAME OF CEMETERY OR CREMATORY <b>Lawsonia Cemetery</b>
		LOCATION (City, town, or county) (State) <b>Crisfield, Md.</b>

DATE REC'D BY LOCAL REGISTRAR <b>6/28/55</b>	REGISTRAR'S SIGNATURE <b>Betty W. Tyler</b>	24. FUNERAL DIRECTOR, ADDRESS <b>Bradshaw &amp; Sons—531 Main St.—Crisfield, Md.</b>
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MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUL 5 1955

RECEIVED



5918

## CERTIFICATE OF DEATH

Reg. Dist. No. 265...

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Somerset</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Somerset</b>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <b>39 Crisfield</b>		LENGTH OF STAY (in this place) <b>lifetime</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>39 Crisfield</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>126 Maryland Ave.</b>				STREET ADDRESS (If rural give location) <b>126 Maryland Ave.</b>			
3. NAME OF DECEASED: (First) <b>ELIZABETH</b> (Middle) (Last) <b>CHRISTY</b>				4. DATE (Month) (Day) (Year) OF DEATH: <b>June 24 19 55</b>			
5. SEX: <b>female</b>		6. COLOR OR RACE: <b>white</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>widowed</b>		8. DATE OF BIRTH: <b>Nov. 26, 1872</b>	
				9. AGE last birthday <b>83</b> yrs.		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY: <b>domestic</b>		11. BIRTHPLACE (State or foreign country): <b>Crisfield, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME: <b>Revelle Sterling</b>				14. MOTHER'S MAIDEN NAME: <b>Margaret Sterling</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <b>no</b> (If Yes, give war or dates of service) <b>---</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT & ADDRESS: <b>122 Maryland Ave. Mrs. Helen Christy Neilson- Crisfield, Md.</b>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <b>Coronary Insufficiency</b>						<b>12 hours</b>	
ANTECEDENT CAUSE (B) <b>Insanitation</b>						<b>Several Weeks</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <b>Carcinoma, G-I. Tract</b>						<b>6 mo.</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21c. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>9/14</b> , 19 <b>52</b> , to <b>6/24</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>6/19</b> , 19 <b>55</b> , and that death occurred at <b>8:45 PM</b> , from the causes and on the date stated above.							
SIGNATURE <b>A. N. Ban</b>		ADDRESS <b>Crisfield, Md.</b>		DATE SIGNED <b>6/28/55</b>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>burial</b>		DATE THEREOF <b>June 27, 1955</b>		NAME OF CEMETERY OR CREMATORY <b>Crisfield Cemetery</b>		LOCATION (City, town, or county) (State) <b>Crisfield, Md.</b>	
DATE REC'D BY LOCAL REGISTRAR <b>6/27/55</b>		REGISTRAR'S SIGNATURE <b>Betty W. Tyler</b>		24. FUNERAL DIRECTOR ADDRESS <b>Bradshaw &amp; Sons-531 Main St.-Crisfield, Md.</b>			

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 81

JUL 5 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05932

## 5923 CERTIFICATE OF DEATH

Reg. Dist. No. 261...

Do. Coulbourn

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>MARION</u>		LENGTH OF STAY (in this place) <u>4 months</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>MARION</u>		RURAL <u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>R.D. #1</u>				STREET ADDRESS (If rural give location) <u>R.D. #1</u>			
3. NAME OF DECEASED: (First) <u>George</u> (Middle) <u>Stephen</u> (Last) <u>CLUFF</u>				4. DATE (Month) (Day) (Year) OF DEATH: <u>June 17 1955</u>			
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED: <u>Widowed</u>		8. DATE OF BIRTH: <u>JAN. 6-1870</u>	
9. AGE last birthday: <u>85</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Retired FARMER ON OWN FARM</u>		11. BIRTHPLACE (State or foreign country): <u>Somerset Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>George Isaac CLUFF</u>				14. MOTHER'S MAIDEN NAME: <u>Margaret Coulbourn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. _____			
17. INFORMANT & ADDRESS: <u>Mr. Charles A. Cluff (Brother)</u>				18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (A) <u>Pneumonia - Acute Dil of Heart</u>				1 week			
ANTECEDENT CAUSE (B) <u>Chronic Myocarditis - Chronic Int. nephritis</u>				years			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>General Atherosclerosis</u>				Years			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: _____				19B. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>June 17, 1955</u> , that I last saw the deceased alive on <u>June 17, 1955</u> , and that death occurred at <u>7:05 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>George C. Coulbourn M.D.</u>				ADDRESS <u>Marion Sta. Ind</u> DATE SIGNED <u>JUNE 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>JUNE 19-1955</u>		NAME OF CEMETERY OR CREMATORY <u>MARSONS Cemetery</u>		LOCATION (City, town, or county) (State) <u>Salisbury, Maryland</u>	
DATE REC'D BY LOCAL REGISTRAR <u>June 18, 1955</u>		REGISTRAR'S SIGNATURE <u>Hellie D. Payne</u>		24. FUNERAL DIRECTOR <u>Holloway Company</u>		ADDRESS <u>Salisbury Md.</u>	

1870

1871

1872

5924

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

COUNTY **Somerset** MARYLAND  
CITY (If outside corporate limits, write RURAL LENGTH OF STAY  
OR and give nearest town) (in this place)  
X TOWN **Crisfield**  
HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS **McCready Hospital**

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Somerset**  
CITY (If outside corporate limits, write RURAL and give nearest town)  
OR  
TOWN **Rural- Crisfield, Md.**  
STREET  
ADDRESS **Johnson Creek Road**

3. NAME OF DECEASED:

(First) (Middle) (Last)  
**Gordon Carlisle Daugherty**  
(Type or Print)

4. DATE OF DEATH: **June 4, 1955**  
(Month) (Day) (Year)

5. SEX:

**Male**

6. COLOR OR RACE:

**White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

**Married Sept. 24, 1890**

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.  
yrs. Months Days Hours Min.  
**64 8 10**

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired

**Police Work**

10b. KIND OF BUSINESS OR INDUSTRY:

**Police Dept.**

11. BIRTHPLACE (State or foreign country):

**Crisfield Maryland**

12. CITIZEN OF WHAT COUNTRY?

**USA**

13. FATHER'S NAME:

**Charles O. Daugherty**

14. MOTHER'S MAIDEN NAME:

**Maggie F. Dize**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

**NO**

16. SOCIAL SECURITY No.:

**218-05-2065**

17. INFORMANT & ADDRESS:

**Hattie E. Daugherty, Crisfield, Md.**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate Cause

(a)

**Automobile accident**

Antecedent Causes  
Disease or condition, if any,  
giving rise to the above cause  
and the underlying cause last

DUE TO

(b)

**Internal injury, Concussion, Brain Fractured Skull - Fractured**

DUE TO

(c)

**Right Leg - Shock**

OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

**Automobile accident**

Interval Between Onset And Death

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify)

**Accident**

PLACE OF INJURY

**State Road**

(CITY OR TOWN)

**Crisfield**

(COUNTY)

**Somerset**

(STATE)

**Md.**

TIME (Month) (Day) (Year) (Hour)  
OF INJURY **6, 4, 55-2:45**

INJURY OCCURRED  
While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR?

**Ran in Truck**

22. I hereby certify that I attended the deceased from ... 19... to ... 19... , that I last saw the deceased

**Dead before I was called**  
**2:50 PM**  
**Wm. H. Coulbourn MD**  
**Crisfield Md.**  
**6/5/55**

from the causes and on the date stated above.  
ADDRESS **Crisfield Md.** DATE **6/5/55**

23. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

DATE THEREOF

**June 6, 1955**

NAME OF CEMETERY OR CREMATORY

**A. bury Cemetery**

LOCATION (City, town, or county)

**Crisfield, Md.**

DATE REC'D BY LOCAL REGISTRAR

**6/6/55**

REGISTRAR'S SIGNATURE

**Betty W. Tyler**

24. FUNERAL DIRECTOR

**Durward Q. Covington, Crisfield, Md.**

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN





5925

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <b>Somerset</b>		MARYLAND		STATE <b>Maryland</b>		COUNTY <b>Somerset</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>X TOWN Crisfield</b>		LENGTH OF STAY (in this place) <b>1 day</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>TOWN R.F.D. Marion Station</b>		<b>X</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>79 McCready Hospital</b>				STREET ADDRESS (If rural give location) <b>1</b>			
3. NAME OF DECEASED: (First) <b>SARAH</b>		(Middle)		(Last) <b>DENNIS</b>		4. DATE OF DEATH: (Month) <b>June</b> (Day) <b>11</b> (Year) <b>19 55</b>	
5. SEX: <b>female</b>		6. COLOR OR RACE: <b>colored</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>single</b>		8. DATE OF BIRTH: <b>1912</b>	
9. AGE last birthday: <b>43 yrs.</b>		10. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: <b>laborer</b>		11. BIRTHPLACE (State or foreign country): <b>Portsmouth, Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME: <b>unknown</b>				14. MOTHER'S MAIDEN NAME: <b>unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <b>no</b>		16. SOCIAL SECURITY No.: <b>---</b>		17. INFORMANT & ADDRESS: <b>Dr. Wm. H. Coulbourn-Crisfield, Md.</b>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<p><b>981X</b></p> <p>Immediate cause (a) <b>Gun shot wound of abdomen</b></p> <p>Antecedent causes (s) <b>Left to chest - Shock</b></p> <p>giving rise to the above cause stating the underlying cause last <b>Went to McCready Hospital &amp; operated on by Dr. Coulbourn which took place of autopsy -</b></p>							
11. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death							
12. DATE OF OPERATION: <b>June 11-55</b>							
13. MAJOR FINDINGS OF OPERATION: <b>Stomach &amp; Intestine out on abdomen</b>							
14. ACCIDENT (Specify) <b>Home</b>							
15. PLACE (Home, farm, factory, street, or chld.) <b>Home</b>							
16. CITY OR TOWN <b>R.F.D. Marion Somerset Md.</b>							
17. COUNTY <b>Somerset</b>							
18. STATE <b>Md.</b>							
19. TIME (Month) (Day) (Year) (Hour) <b>June 11-55-2:45 PM</b>							
20. INJURY OCCURRED <b>White at Work</b>							
21. HOW DID INJURY OCCUR? <b>Shot with No. 12 shot gun</b>							
22. I hereby certify that I attended the deceased from <b>she was dead before I saw the deceased</b>							
23. I have on <b>June 11-55</b> , and that death occurred at <b>5:45 PM</b> from the causes and on the date stated above.							
24. SIGNATURE <b>Dr. Wm. H. Coulbourn M.D. Crisfield, Md.</b>							
25. DATE SIGNED <b>June 17-1955</b>							
26. ADDRESS <b>Dr. Wm. H. Coulbourn M.D. Crisfield, Md.</b>							
27. DATE REC'D BY LOCAL REGISTRAR <b>6/17/55</b>							
28. REGISTRAR'S SIGNATURE <b>Betty W. Tyler</b>							
29. FUNERAL DIRECTOR <b>Bradshaw &amp; Sons—Crisfield, Md.</b>							
30. ADDRESS							

DEPUTY MEDICAL EXAMINER  
FOR SOMERSET COUNTY, MD.



5926

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Princess Anne</u>		<u>47 yrs</u>		OR TOWN <u>Princess Anne</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00				1			
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(First)		(Middle)		(Last)			
<u>Gladys</u>		<u>Doane</u>		<u>June 4</u>		<u>1955</u>	
(Type or Print)							
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH:	
<u>Female</u>		<u>col</u>		<u>married</u>		<u>Nov 24 - 1907</u>	
9. AGE last birthday		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
<u>47</u> yrs		Months		Days		Hours	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):				10B. KIND OF BUSINESS OR INDUSTRY:			
<u>Domestic</u>							
11. BIRTHPLACE (State or foreign country):				12. CITIZEN OF WHAT COUNTRY?			
<u>Princess Anne Somerset</u>				<u>U.S.A.</u>			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Charles Hayward</u>				<u>Elizabeth Jones</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT & ADDRESS:							
<u>Herbert Doane Princess Anne Md</u>							
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Chronic Myocarditis</u>						<u>18 mths</u>	
ANTECEDENT CAUSE (B) <u>Hypertension</u>						<u>2 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION.		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)		INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Apr 22, 1955</u> to <u>June 4, 1955</u> that I last saw the deceased alive on <u>June 2, 1955</u> and that death occurred at <u>M, from the causes and on the date stated above.</u>							
SIGNATURE		ADDRESS		DATE SIGNED			
<u>Eldon G. Mortimer</u>		<u>Princess Anne Md</u>		<u>5.6.55</u>			
M.D.							
23. BURIAL, CREMATION, REMOVAL, (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>June 8, 1955</u>		<u>Greenwood</u>		<u>Princess Anne Somerset Md</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>6/6/55</u>		<u>R. E. Johnson</u>		<u>Charles H. Ward</u>		<u>Marion Sta, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 7 1965



5927

## CERTIFICATE OF DEATH

Reg. Dist. No.

262

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Somerset	MARYLAND	STATE Maryland	COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Pocomoke City	LENGTH OF STAY (in this place) 39 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Pocomoke City	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural		STREET ADDRESS (If rural give location) Rural	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year)	
(First) Ida	(Middle) Jean	(Last) East	OF DEATH: June 18 19 55
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED: Widow	8. DATE OF BIRTH: June 29, 1871
9. AGE last birthday: 83 yrs.		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country): Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Edward Justice		14. MOTHER'S MAIDEN NAME: Elizabeth Satchel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Edward East, Pocomoke City, Md.			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I 'DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			3 hours
IMMEDIATE CAUSE (A) Coronary Thrombosis			
ANTECEDENT CAUSE (B) Generalized Arteriosclerosis			Years.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 18, 1955, to June 18, 1955, that I last saw the deceased alive on June 18, 1955, and that death occurred at 3:40 A.M. from the causes and on the date stated above.			
SIGNATURE Charles W. Trader		DATE SIGNED June 18, 1955	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24. FUNERAL DIRECTOR ADDRESS	
DATE REC'D BY LOCAL REGISTRAR June 20, 1955		REGISTRAR'S SIGNATURE Miss O'Neill Boyne	
25. FUNERAL DIRECTOR ADDRESS		26. FUNERAL DIRECTOR ADDRESS	
Henry H. Watson		Pocomoke City, Md.	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUNNAY A. S.

1911

1911



5928

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH.				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>SOMERSET</u> MARYLAND				STATE <u>MARYLAND</u> COUNTY <u>SOMERSET</u>			
CITY (If outside corporate limits, write RURAL and give nearest town) <u>PRINCESS ANNE</u>				CITY (If outside corporate limits, write RURAL and give nearest town) <u>PRINCESS ANNE</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>10</u>				STREET ADDRESS (If rural give location) <u>RED</u>			
3. NAME OF DECEASED: (First) (Middle) (Last) <u>WILLIE FORD</u>				4. DATE (Month) (Day) (Year) OF DEATH <u>6 21 19 55</u>			
5. SEX: <u>MALE</u>		6. COLOR OR RACE: <u>COLORED</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>MARRIED</u>		8. DATE OF BIRTH: <u>8/22/1904</u>	
9. AGE last birthday <u>50</u> yrs		10. MONTHS <u>6</u>		11. DAYS <u>21</u>		12. HOURS <u>19</u> MIN.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>LABOR</u>				10B. KIND OF BUSINESS OR INDUSTRY: <u>FARM</u>			
11. BIRTHPLACE (State or foreign country): <u>RICHMOND COUNTY, VA.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13. FATHER'S NAME: <u>?</u>				14. MOTHER'S MAIDEN NAME: <u>?</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): <u>?</u> (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>214-32-0940</u>			
17. INFORMANT & ADDRESS. <u>LOUISE FORD</u>							
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
151X IMMEDIATE CAUSE (A) <u>Carcinoma of Stomach</u>							<u>2 years?</u>
ANTECEDENT CAUSE (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION <u>May 30, 1955</u>		19B. MAJOR FINDINGS OF OPERATION <u>Ca of stomach</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 23, 1954</u> to <u>Feb 19, 1955</u> , that I last saw the deceased alive on <u>Feb 19, 1955</u> , and that death occurred at <u>6 A</u> M, from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>		ADDRESS <u>Princess Anne Md</u>		DATE SIGNED <u>6-22-55</u>		M. D. <u>[Signature]</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>6/24/55</u>		NAME OF CEMETERY OR CREMATORY <u>christ.M.E.</u>		LOCATION (City, town, or county) (State) <u>COSTON STATION MD.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>6/23/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR <u>[Signature]</u>		ADDRESS <u>Princess Anne Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLATE V. S.

100

5929

05937

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
**MEDICAL EXAMINER'S CERTIFICATE OF DEATH**

Reg. Dist.

No: 260

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>md</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Princess Anne RFD</u>		CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <u>Princess Anne RFD (not Vernon)</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First) <u>Benjamin Franklin</u>	(Middle) <u>Logwell</u>	(Month) <u>June</u>	(Day) <u>3</u> (Year) <u>1955</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>	8. DATE OF BIRTH: <u>Dec 10 1913</u>
9. AGE last birthday: <u>41</u> yrs		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of work, life, even if retired): <u>Fishing station</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Gasoline</u>	
11. BIRTHPLACE (State or foreign country): <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME: <u>Benjamin Hayes Logwell</u>		14. MOTHER'S MAIDEN NAME: <u>Anna Rebecca Washell</u>	
15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.: <u>Princess Gladden Princess Anne</u>	
17. INFORMANT & ADDRESS:			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:			INTERVAL BETWEEN ONSET AND DEATH
825X Immediate cause (a) <u>Fractured Skull</u>			
Antecedent cause(s) (b) <u>Crushed Chest due to Automobile</u>			
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c) <u>Accidental</u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21b. PLACE (Home, farm, factory, street, office bldg, etc.) OF INJURY: <u>Highway 13</u>	21c. (City or town) (County) (State) <u>Princess Anne RFD Somerset Maryland</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: <u>June 3, 1955 11:00 AM</u>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile Accidental</u>	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>R.D. Plummer</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>June 4, 1955</u>	
DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		M. D. ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify): <u>burial</u>	DATE THEREOF: <u>6-6-55</u>	NAME OF CEMETERY OR CREMATORY: <u>Hastory Cemetery</u>	LOCATION (City, town, or county) (State): <u>not Vernon - Md</u>
DATE REC'D BY LOCAL REG. <u>6/4/55</u>	REGISTRAR'S SIGNATURE: <u>R.D. Plummer M.D.</u>	24. FUNERAL DIRECTOR: <u>James Herman Princess Anne Md.</u>	

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

411

5930

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>md</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL) OR TOWN <u>Chance</u>	LENGTH OF STAY (in this place) <u>life</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Chance</u>	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	<u>1</u>
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) <u>John</u>	(Middle) <u>W</u>	(Last) <u>Jones</u>	(Month) <u>June</u> (Day) <u>17</u> (Year) <u>1955</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>May 30 1883</u>
9. AGE last birthday: <u>72</u> yrs.	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS.: Hours _____ Mins. _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life.) <u>Seaman</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Seaford</u>	11. BIRTHPLACE (State or foreign country): <u>Maryland</u>
13. FATHER'S NAME: <u>George J. Jones</u>		14. MOTHER'S MAIDEN NAME: <u>Louisa ?</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If Yes, give war or dates of service		17. INFORMANT & ADDRESS: <u>Margaret Jones Chance, md.</u>	
16. SOCIAL SECURITY NO.			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>422.2 Chronic Myocarditis</u>			<u>16 mths</u>
ANTECEDENT CAUSE (B) _____			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <u>260x</u>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Diabetes mellitus</u>			<u>3 years</u>
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>April 10, 1955</u> to <u>June 17, 1955</u> that I last saw the deceased alive on <u>June 16, 1955</u> , and that death occurred at <u>3:40 P.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>Edgar G. Mandorran</u> M.D.		ADDRESS <u>Princess Anne md</u> DATE SIGNED <u>6/18/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>burial</u>		DATE THEREOF <u>6/20/55</u>	
NAME OF CEMETERY OR CREMATORY <u>Rock Creek Cemetery</u>		LOCATION (City, town, or county) <u>Chance</u> (State) <u>md.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
		24. FUNERAL DIRECTOR ADDRESS <u>James Thomas Prince, 4 ... md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5931

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

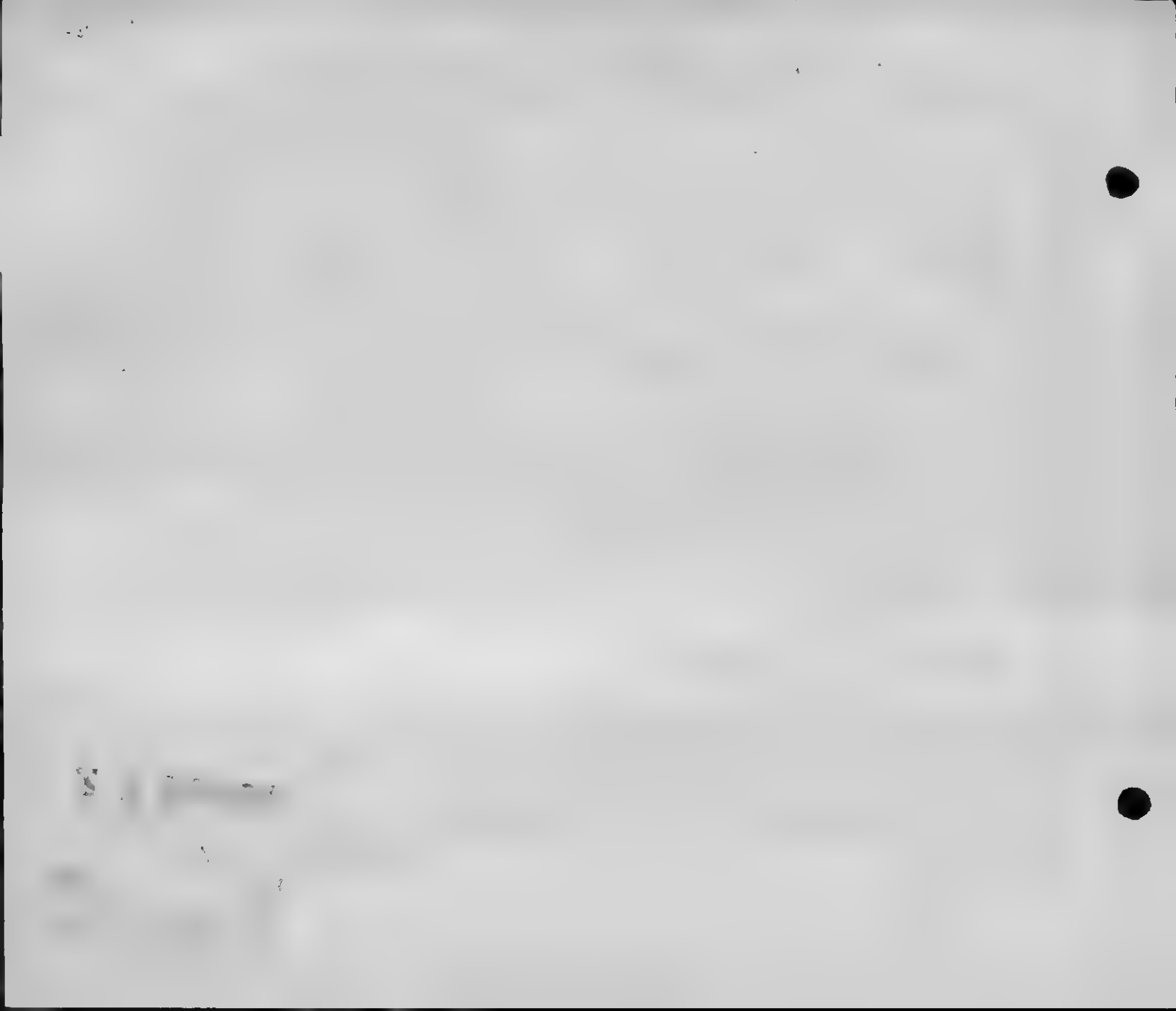
## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 260

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Wicomico	
CITY (If outside corporate limits, write RURAL OR and give nearest town) X TOWN Princess Anne - Route 1				CITY (If outside corporate limits write RURAL and give nearest town) TOWN Salisbury			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Pine Beach Harbor		STREET ADDRESS		(If rural, give location) 306 Maryland Avenue	
3. NAME OF DECEASED: (Type or Print)		(First) Preston		(Middle) Lee		(Last) Swift	
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced		8. DATE OF BIRTH: May 22, 1931	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Labor		10b. KIND OF BUSINESS OR INDUSTRY: City Serv. Station		9. AGE last birthday: 24 yrs		4. DATE OF DEATH: June 22, 19 55	
11. BIRTHPLACE (State or foreign country): Marion Station, Maryland				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME: Henry Swift				14. MOTHER'S MAIDEN NAME: Lottie Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes		(If Yes, give war or dates of service) Korean		16. SOCIAL SECURITY No.: 217-28-4245		17. INFORMANT & ADDRESS: James E. Swift - 807 S. Division St., Salisbury, Md.	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 929.8 Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last						(a) Accidental Drowning DUE TO (b) DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY June 22-55 3:45 P.M.				21e. INJURY OCCURRED While at work <input type="checkbox"/> / Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? allowed -	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <i>R. J. Phelan</i>				M. D. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. <i>James E. Swift</i>			
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 6/25/55		NAME OF CEMETERY OR CREMATORY American Legion Cemetery		LOCATION (City, town, or County) (State) Crisfield, Somerset Co., Md.	
DATE REC'D BY LOCAL REG. 6/24/55		REGISTRAR'S SIGNATURE <i>K. J. Phelan, M.D.</i>		24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons - Crisfield, Maryland			

05939



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05940

5932

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>SOMERSET</u>	MARYLAND	STATE <u>MARYLAND</u>	COUNTY <u>SOMERSET</u>
CITY (If outside corporate limits, write RURAL OR TOWN) <u>PRINCESS ANNE</u>	LENGTH OF STAY (in this place) <u>15 YEARS</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>PRINCESS ANNE</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		STREET ADDRESS (If rural give location) <u>1</u>	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH:	
<u>IRENE WALSTON</u>		<u>6/25/55</u> 19 <u>55</u>	
5. SEX: <u>MALE</u>	6. COLOR OR RACE: <u>NEGRO</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH: <u>APRIL 6 1911</u>
9. AGE last birthday <u>44</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Mins.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE HOUSE WORK</u>		10B. KIND OF BUSINESS OR INDUSTRY:	
11. BIRTHPLACE (State or foreign country): <u>FLORIDA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>P</u>		14. MOTHER'S MAIDEN NAME: <u>P</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: <u>GEORGE WALSTON PRINCESS ANNE MD</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
171X IMMEDIATE CAUSE (A) <u>Cachexia</u>			<u>3 months</u>
ANTECEDENT CAUSE (S) (B) <u>Marked Anemia</u>			<u>9 months</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Carcinoma of Cervix</u>			<u>Oct 54 - June 55</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>0 none</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? <u>none</u>		(City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>June 25, 1955 9:10 P.M.</u>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>54</u> to <u>June</u> , 19 <u>55</u> ; that I last saw the deceased alive on <u>6/25/55</u> , 19 <u>55</u> , and that death occurred at <u>9:10 P.M.</u> , from the causes and on the date stated above.			
SIGNATURE <u>B. Frank Gigante</u> M.D.		ADDRESS <u>Princess Anne</u> DATE SIGNED <u>6/26/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>7/2/55</u>	
NAME OF CEMETERY OR CREMATORY <u>HOUSE JACOB</u>		LOCATION (City, town, or county) (State) <u>CHANCE MARYLAND</u>	
DATE REC'D BY LOCAL REGISTRAR <u>7/1/55</u>		REGISTRAR'S SIGNATURE <u>R.S. Johnson</u> M.D.	
24. FUNERAL DIRECTOR <u>James P. Princes</u>		ADDRESS <u>Princess Anne</u>	

BUREAU V. S.

JUL 5 1955

RECEIVED

## CERTIFICATE OF DEATH

266

5933

1. PLACE OF DEATH: <b>SOMERSET</b>		2. USUAL RESIDENCE (HOME) OF DECEASED: <b>MARYLAND</b>	
CITY (If outside corporate limits, write RURAL OR TOWN) <b>PRINCESS ANNE</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>PRINCESS ANNE</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>07</b>		STREET ADDRESS (If rural give location) <b>BECKFORD AVE</b>	
3. NAME OF DECEASED: (First) <b>SELENA</b> (Middle) <b>G.</b> (Last) <b>WATERS</b>		4. DATE (Month) (Day) (Year) OF DEATH: <b>6</b> <b>25</b> <b>19 55</b>	
5. SEX: <b>FEMALE</b>	6. COLOR OR RACE: <b>COLORED</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <b>WIDOWED</b>	8. DATE OF BIRTH: <b>9/14/1886</b>
9. AGE last birthday <b>68</b> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Mln. <b>6</b> <b>25</b> <b>19 55</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10B. KIND OF BUSINESS OR INDUSTRY: <b>HOUSEWORK</b>	
11. BIRTHPLACE (State or foreign country): <b>PRINCESS ANNE, MD</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13. FATHER'S NAME: <b>WILLIAM NUTTER</b>		14. MOTHER'S MAIDEN NAME: <b>EMMA HENRY</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS: <b>HATTIE BROWN 836 PAYSON ST. BALTIMORE</b>			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
422.2 IMMEDIATE CAUSE (A) <b>Chronic Myocarditis</b> 14 MONTHS			
ANTECEDENT CAUSE (B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Interstitial Nephritis</b>			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from April 12, 1954 to June 20, 1955, that I last saw the deceased alive on June 22, 1955, and that death occurred at 1:30 A.M. from the causes and on the date stated above.			
SIGNATURE <b>George S. Markmann, M.D.</b>		ADDRESS <b>Princess Anne, Md. 6-29-55</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		DATE THEREOF <b>6/29/55</b>	
NAME OF CEMETERY OR CREMATORY <b>JOHN WESLEY</b>		LOCATION (City, town, or county) (State) <b>PRINCESS ANNE, MD.</b>	
DATE REC'D BY LOCAL REGISTRAR <b>6/29/55</b>		REGISTRAR'S SIGNATURE <b>K. S. Johnson, Md.</b>	
24. FUNERAL DIRECTOR <b>William H. Jones &amp; Sons</b>		ADDRESS <b>Anne, Md.</b>	

MARGIN RESERVED FOR BINDING

VS. A15-10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 3

JUN 20 1955

FILED